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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number 10/728,690

Filing Date 12-05-2003

First Named Inventor Toshihar ENMEI

Art Unit 2673

Examiner Name Vijay SHANKAR

Attorney Docket Number PAT-1-US-DIV4

ENCLOSURES (Check all that apply)

- ☐ Fee Transmittal Form
☐ Fee Attached
☐ Amendment/Reply
☐ After Final
☐ Affidavits/declaration(s)
☐ Extension of Time Request
☐ Express Abandonment Request
☐ Information Disclosure Statement
☐ Certified Copy of Priority Document(s)
☒ Reply to Missing Parts/
Incomplete Application
☐ Reply to Missing Parts
under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
☐ Licensing-related Papers
☐ Petition
☐ Petition to Convert to a
Provisional Application
☐ Power of Attorney, Revocation
Change of Correspondence Address
☐ Terminal Disclaimer
☐ Request for Refund
☐ CD, Number of CD(s) _____
☐ Landscape Table on CD

- ☐ After Allowance Communication to TC
☐ Appeal Communication to Board
of Appeals and Interferences
☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
☐ Proprietary Information
☐ Status Letter
☒ Other Enclosure(s) (please identify
below):

Remarks

Enclosed is a copy of the Revocation and Change of the Power of Attorney for the above application. The original form was received by the USPTO on April 11, 2005, and appears in the Public PAIR portion of the file wrapper. Please update the attorney and correspondence address accordingly.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Adachi International Patent Firm

Signature

Printed name Daryl R. Wright

Date 06-24-2005

Reg. No. 53794

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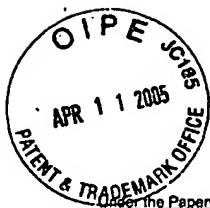
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Date

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PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/728,690
Filing Date	12-05-2003
First Named Inventor	Toshihar ENMEI
Art Unit	2673
Examiner Name	Vijay SHANKAR
Attorney Docket Number	PAT-1-US-DIV4

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

43682

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

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OR☐ Firm or
Individual Name

Address

City

State

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Country

Telephone

Fax

I am the:☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature

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Name

Toshiharu Enmei

Date

04-08-2005

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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